

**DOMESTIC  
NONPROFIT CORPORATION**

**STATE OF MAINE**

**RESTATED  
ARTICLES OF INCORPORATION**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Corporation as it appears on the records of the Secretary of State)

Pursuant to [13-B MRSA §805](#), the undersigned corporation adopts these Articles of Restatement:

**FIRST:** The restatement set out in Exhibit A attached contains the same information and provisions as are required for original articles. Statements as to the incorporator or incorporators and the initial directors may be omitted. This restatement was adopted on \_\_\_\_\_ (date).

("X" one box only)

- ☐ By the members at a meeting at which a quorum was present and the restatement received at least a majority of the votes which members were entitled to cast.
- ☐ (If the Articles require more than a majority vote.) By the members at a meeting at which the restatement received at least the percentage of votes required by the Articles of Incorporation.
- ☐ By the written consent of all members entitled to vote with respect thereto.
- ☐ (If no members, or none entitled to vote thereon.) By majority vote of the board of directors.

**SECOND:** The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

☐ Commercial Registered Agent CRA Public Number: \_\_\_\_\_

\_\_\_\_\_  
(name of commercial registered agent)

☐ Noncommercial Registered Agent

\_\_\_\_\_  
(name of noncommercial registered agent)

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**THIRD:** Pursuant to [5 MRSA §108.3](#), the registered agent as listed above has consented to serve as the registered agent for this nonprofit corporation.

**Dated** \_\_\_\_\_

**\*By** \_\_\_\_\_  
(signature)

<p><b><i>MUST BE COMPLETED FOR VOTE OF MEMBERS</i></b></p> <hr/> <p>I certify that I have custody of the minutes showing the above action by the members.</p> <hr/> <p>(signature of clerk, secretary or asst. secretary)</p>
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\_\_\_\_\_  
type or print name and capacity)

**\*By** \_\_\_\_\_  
(signature)

\_\_\_\_\_  
type or print name and capacity)

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\*This document **MUST** be signed by any duly authorized officer. ([13-B MRSA §104.1.B](#))

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101  
Telephone Inquiries: (207) 624-7752**

Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)

## Filer Contact Cover Letter

To: Department of the Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

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List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

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Special handling request(s): (check all that apply)

- ☐ Hold for pick up  
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)  
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ \_\_\_\_\_

**Contact Information – questions regarding the above filing(s), please call or email:** (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

\_\_\_\_\_  
(Name of contact person)

\_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

\_\_\_\_\_  
(Name of attested recipient)

\_\_\_\_\_  
(Firm or Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State & Zip)